



EQUAL EMPLOYMENT OPPORTUNITY and EMPLOYEE RELATIONS COMPLAINT FORM

Date _____
Your Name (complainant) _____ Job Title _____ Employee ID# _____
Work Phone # _____ Cell # _____ Email _____
Job Location _____ Division _____ Department _____
Immediate Supervisor _____ Division Director _____

I understand that the EEO complaint process is intended to address allegations of discrimination or harassment based on: (check all that apply):

- | | | | | |
|------|-----------------|---------------------|-------------------------|--------------------|
| Sex | Color | Pregnancy | Veteran/Military Status | Sexual Orientation |
| Age | Religion | Disability | Marital Status | Sexual Harassment |
| Race | National Origin | Genetic Information | Gender Identity | Retaliation |

This process is also intended to address allegations of retaliation for participating in a protected activity: e.g. filing a complaint/grievance, appearing as a witness, requesting leave under the Family Medical Leave Act (FMLA) or an accommodation under the American with Disabilities Act (ADA).

Name of Accused _____ **Job title** _____ **Division** _____ **Phone** _____

State the nature of your complaint and/or incidents. List the dates, locations, and person(s) who you believe are engaging in discriminatory behavior:

Are there any witnesses to the alleged incident(s)? If so, please identify them below:

Name of Witness _____ **Job title** _____ **Division** _____ **Phone** _____

What incidents did they witness?

Please check one of the boxes below regarding your complaint:

I want to speak with the EEO staff before deciding whether to file a complaint of discrimination. I understand that by checking this box I have not filed a complaint. I also understand that I could lose my rights to file if I don't file a complaint within 30 calendar days from the date I had knowledge of the discrimination, harassment or retaliation.

I want to file a complaint of Discrimination, Harassment or Retaliation based on the above protected category or activity that I selected.

By signing below, I understand that I am entering into the EEO Complaint Process as outlined in or HR Policy 3-100: Workplace Harassment, Discrimination, and Retaliation Complaints Procedure

Employee Signature _____ Date _____

Human Resources Policy: Visit the Salt Lake County HR website for additional policies and procedures.
<https://www.slco.org/human-resources/>

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